BEST AVAILABLE COPY

Application or Docket Number

Effective October 1, 2001													
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THE (Column 1) (Column 2) TYPE OR SMALL ENT												-	
70	TAL CLAIMS		مر				1	RATE	FEE		RATE	FEE	
FOR (211502			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
то	TAL CHARGEA	BLE CLAIMS	2 minus 20=		• <i>b</i>			X\$ 9=		OR	X\$18=	108	
ND GRI	EPENDENT CL	AIMS	2 mir	us 3 =	• 4			X42=		OR	X84=	336	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=		
• #	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	1184	
••	ı , Ci		IOIAL		Jun	OTHER							
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		ĺ
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MOP	Total	.10	Minus	- 2	6	• (l	X\$ 9=		OR	X\$18=		İ
ME	Independent	• 3	Minus	***)	-		X42=		OR	X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140≖.		OR	+280 =		
07 (25/05 (Column 1) (Column 2) (Column 3)								TOTAL		OR	TOTAL ADDIT, FEE	0	ı
C	2120	(Column 1)		(Colu	mn 2)	(Column 3)	-	ADDIT. FEE			POLAT. FEG.		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUA PREV	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 10	Minus	** 2	6	=0		X\$ 9=		OR	X\$18=		
AME	Independent	· 3	Minus	***	7		4	X42=		OR	X84≂		l
上	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
		•	•				•	TOTAL ADDIT. FEE		OR	ADDIT. FEE		Į
	•	(Column 1)		(Cot	mn 2)	(Column 3)	L						l
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER MOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	euniM	. ***				X\$ 9=		OR	X\$18=		
N N	Independent	٠	Minus	***		-	4	X42=		OR	X84=		1
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR			1
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3. • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										4	TOTAL		┨
I	If the "Highest No	imber Previously I imber Previously imber Previously P	Paid For IN TH	IS SPACE	is less the	an 20, enter 20. an 3. enter "3."		TOYAL ADDIT, FEE und in the ap	propriate bo	OR	ADDIT. FEE		1